

Homelessness Risk Assessment

Are you currently receiving housing or other services from a VA Homeless Program?

☐ Yes → *end assessment*

☐ No

STAGE I

1. In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household?

☐ Yes

☐ No → *proceed to Stage II*

2. Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?

☐ Yes → *proceed to Stage II*

☐ No

STAGE II

1. Have you spent *at least one night* during the past 30 days in an emergency shelter, drop-in center, transitional housing *for homeless*, on the street, or a place not meant for human habitation?

☐ Yes

☐ No

2. You are scared or concerned you will not have a safe place to live because you...

have had a change in employment, income, or benefits?

☐ Yes

☐ No

have unpaid housing expenses?

☐ Yes

☐ No

will be evicted?

☐ Yes

☐ No

are living with friends or family on a temporary basis?

☐ Yes

☐ No

recently experienced a life-changing event (e.g., divorce, death of a spouse, health crisis)?

☐ Yes

☐ No

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are leaving residential treatment, the hospital, or jail and do not have a plan to obtain your own place?

☐ Yes

☐ No

need help to get or keep housing?

☐ Yes

☐ No

3. Do you have family or friends you could live with if you lost your housing?

☐ Yes

☐ No

4. As an adult, have you ever been homeless or did not have a home of your own?

☐ Yes

☐ No

5. During the past year, how many times did you move?

☐ Did not move at all

☐ Moved 1 time

☐ Moved 2 or more times

6. Do you have a history of evictions, poor reference from landlords, or lack of rental history?

☐ Yes

☐ No

7. Do you have a poor credit history that may make it difficult to get your own place?

☐ Yes

☐ No

8. The following issues make it difficult for you to live on your own: [Select all that apply.]

☐ Cognitive disability

☐ Physical disability(e.g., chronic health condition, HIV/AIDS)

☐ Mental health

☐ Substance abuse

☐ None

9. You need the following assistance to get or keep your own home: [Select all that apply.]

☐ Assistance to get or keep housing

☐ Steady employment

☐ Reliable transportation

☐ Case management

☐ Financial assistance

☐ None